

FILED IN UNITED STATES DISTRICT  
COURT, DISTRICT OF UTAH

OCT 28 2009

RECEIVED CLERK

OCT 16 2009

D. MARK JONES, CLERK  
BY \_\_\_\_\_  
DEPUTY CLERK

U.S. DISTRICT COURT

Gary Phillips  
Attorney Pro Se  
Utah State Prison  
P.O. Box 250  
Draper, Utah 84020

IN THE UNITED STATES DISTRICT COURT, DISTRICT OF UTAH  
CENTRAL DIVISION

**GARY PHILLIPS,**

Plaintiff,

v.

**RICHARD GARDEN**, Medical Director,  
at the Utah State Prison, individually;  
**SYDNEY ROBERTS**, Medical Doctor,  
at the Utah State Prison, individually;  
**JEFFERY COOMBS**, Physician Assistant,  
at the Utah State Prison, individually;  
**LOGAN CLARK**, Physician Assistant,  
at the Utah State Prison, individually;  
**CHRIS ABBOTT**, Physician Assistant,  
at the Utah State Prison, individually;  
**PAULINE STURDY**, Registered Nurse,  
at the Utah State Prison, individually;  
**ERIC DIFRANCESCO**, Registered Nurse,  
at the Utah State Prison, individually;  
**JOHN DOES 1-10**, employees at  
Utah State Prison, individually,

Defendants.

Case: 2:09cv00934  
Assigned To : Sam, David  
Assign. Date : 10/16/2009  
Description: Phillips v. Garden

CIVIL RIGHTS COMPLAINT AND  
DEMAND FOR JURY TRIAL

## **JURISDICTION**

1. Plaintiff, Gary Phillips, is a citizen of Utah, who presently resides at the Utah State Prison, P.O. Box 250, Draper, Utah 84020.

2. Defendant Dr. Richard Garden, is a citizen of Utah, and is employed as the Medical Director at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is the Medical Director at the Utah State Prison for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

3. Defendant Dr. Sydney Roberts, is a citizen of Utah, and is employed as the Medical Doctor at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is the Medical Doctor at the Utah State Prison for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

4. Defendant Jeffrey Coombs, is a citizen of Utah, and is employed as a Physician Assistant at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is a Physician Assistant for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

5. Defendant Logan Clark, is a citizen of Utah, and is employed as a Physician Assistant at the Utah State Prison for the Utah Department of Corrections. At the time the

claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is a Physician Assistant for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

6. Defendant Chris Abbott, is a citizen of Utah, and is employed as a Physician Assistant at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is a Physician Assistant for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

7. Defendant Pauline Sturdy, is a citizen of Utah, and is employed as a Registered Nurse at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is a Registered Nurse for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

8. Defendant Eric Difrancesco, is a citizen of Utah, and is employed as a Registered Nurse at the Utah State Prison for the Utah Department of Corrections. At the time the claim(s) alleged in this complaint arose, this defendant was acting under color of state law in that he is a Registered Nurse for the Utah Department of Corrections and is directly responsible for the wrongful actions alleged herein.

9. Defendant John Does 1-10, whose true names are unknown and when true names are ascertained the pleadings will be amended accordingly, are citizens of Utah, and are

employed at the Utah State Prison. At the time the claim(s) alleged in this complaint arose, these defendants were acting under color of state law in that they are employees for the Utah Department of Corrections and are directly responsible for wrongful actions alleged herein.

10. Jurisdiction is invoked pursuant to 28 U.S.C. Sec. 1343 (3); 42 U.S.C. 1983.

#### **B. NATURE OF CASE**

11. Plaintiff was diagnosed with hepatitis C and has suffered from the disease for several years. Due to the Hepatitis C disease, plaintiff's liver and kidney functions have deteriorated and he now suffers from liver and kidney pain. (See Exhibit 2)

12. Defendants Clark, Coombs and Roberts have monitored the plaintiff's liver enzymes by doing blood tests. Plaintiff has had monthly blood tests to determine the level of AST and ALT enzymes in the liver. Over a period of six months, the AST level ranged from 34 to 92, with the normal range being 10-40. The ALT levels ranged from 79 to 195, with the normal range being 9-60. (See Exhibit 2)

13. There has only been one month over the last six months that the AST level was within the normal range, all other times the level was high. During the same testing there never was a month that the ALT levels were within the normal range and the highest level is close to 200. (See Exhibit 2)

14. Plaintiff has requested from all Defendants that he receive the Interferon treatment for the Hepatitis condition in order to slow down the progression of his disease and relieve the liver and kidney pain he is suffering.

15. On or about November 24, 2008, when plaintiff requested the interferon treatment he was informed by Defendant Pauline Sturdy that he did not qualify because he was taking two mental health (antidepressant) medication. Plaintiff's health was not considered stable resulting in his not qualifying because the Interferon treatment is reported to cause depression. (See Exhibit 3)

16. Plaintiff contends that his mental health counselor has informed plaintiff that his mental health condition and depression would not interfere with Interferon treatment. Plaintiff was denied despite this report.

17. Plaintiff complains that his depression and treatment for depression is a direct result of having a serious and debilitating disease such as Hepatis C. Plaintiff believes that the proper and necessary treatment for his Hepatitis C condition would most likely improve any depression that he now suffers.

18. On February 3, 2009 and June 10, 2009, plaintiff received memorandums from Defendant Dr. Garden that he did not fit the criteria for treatment of interferon, and was not a candidate for treatment. (See Exhibit 2)

19. Plaintiff contends that according to the information he has read that there is 6 different genotypes of HCV. To determine the type of HCV a liver biopsy is required. Plaintiff has never had a liver biopsy. (See Exhibit 6)

20. Plaintiff complains that hepatitis C can lead to cirrhosis of the liver. However, the defendants have never tested to determine if Plaintiff's is developing cirrhosis of the liver and fail to treat for such condition if appropriate. (See Exhibit 6)

21. Plaintiff has also read that the enzymes in the liver can remain stable and the liver can continue to deteriorate. The enzyme levels do not necessarily provide the best medical treatment available to determine if the Plaintiff is a candidate for treatment. (See Exhibit 6)

22. Plaintiff filed his level 1 grievance on March 18, 2009 and completed the grievance system with the final reply from Hearing Officer, Tom Anderson on June 25, 2009. (See Exhibit 1). Plaintiff did not receive any type of relief or remedy through the Department of Corrections Administrations.

### **C. CAUSE OF ACTION**

23. Plaintiff alleges that the following constitutional rights, privileges or immunities have been violated and that the following facts form the basis for the allegations:

1. Count II: Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment has been violated by Defendants actions in that they are denying him medications and necessary medical treatment for his Hepatitis C condition which could improve the quality of his life.

### **D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

23. Plaintiff has not filed any other law suits in state or federal court dealing with the same facts involved in this action.

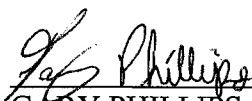
24. Plaintiff has previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of herein to no avail. (See Exhibit 1)

**E. REQUEST FOR RELIEF**

WHEREFORE, Plaintiff prays for the following relief:

- a) Trial by jury.
- b) That counsel be appointed to represent the Plaintiff in this action.
- c) Punitive damages in the amount of \$10,000.00.
- d) Compensatory damages in the amount of \$10,000.00.
- e) Grant attorney fees and court costs for this action.
- f) Such other and further relief the court deems just and proper.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

  
\_\_\_\_\_  
GARY PHILLIPS  
Plaintiff

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he is the plaintiff in the above action, that he has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. Sec. 1976. 18 U.S.C. Sec. 1621.

EXECUTED at \_\_\_\_\_ on \_\_\_\_\_, 2009.

 \_\_\_\_\_





# Utah Department of Corrections

TOM PATTERSON  
Executive Director

MIKE HADDON  
Deputy Director

## Hearing Office

(Level Three Received/Date Stamped: 27 May 2009)

25 June 2009

Inmate Gary Phillips, USP # 18774, Offender # 42745  
Utah State Prison, Oquirrh 3 – 201 B

Inter-facility

RE: Level Three Grievance Number 990871405

I have reviewed your grievance and other relevant information. There is no further administrative review available. **If you are dissatisfied with this response and wish to take further action, this grievance answer will serve as evidence you have exhausted the administrative remedy process. Your only recourse is to seek a judicial remedy.**

You bring your grievance to level three complaining that your liver has been swollen and painful and that when you see the doctors they never do anything to address the problem. Your requested remedy is to have your liver issue addressed.

I have reviewed the record and concur with the grievance responses at levels one and two. Your medical records indicate that you were seen by P.A. Clark in response to Inmate Care Requests on February 23, 2009, March 4, 2009 and March 24, 2009. You were prescribed numerous medications to help with your liver problems. On February 23, 2009 P.A. Clark ordered liver tests, and on March 5, 2009 the liver function tests showed that your Hepatitis C indicators were slightly elevated.

Doctors, like any other professionals, can have legitimate disagreements about appropriate professional courses of action to take in individual cases. There is nothing in the record that suggests to me that medical staff is being deliberately indifferent to your medical situation, or have not provided adequate and appropriate medical care. The USP follows national recognized protocols for treating Hep. C. Beginning interferon treatment too soon during the course of your illness will actually decrease your life expectancy rather than helping you.

If there are any changes in your condition or your symptoms notify medical staff by way of the Inmate Care Request system.

Your grievance remedy is resolved.

Tom Anderson  
Hearing Office,  
Utah Department of Corrections

Tracking #09-205

GF-5

GRIEVANCE FORWARDED

TO LEVEL 3

GRIEVANCE APPEAL FORM  
INMATE COPYReference No: 990871405

Subject Code: \_\_\_\_\_

Location Code: \_\_\_\_\_

Day/Month/Year: 5-19-09Level: **Three**GARY PHILLIPS

Name

18774

USP Number

BQ-3-201-B

Housing Unit

## REASONS FOR APPEAL

List the reasons why the prior administrative grievance decision is unacceptable.

IN Level 2 They SAY my levels ARENT high enough  
yet one level IS twice AS high AS IT Should be  
Medical Knows something IS wrong yet They  
ARENT finding out WHATS wrong. And I WASNT  
given PAIN meds For this I WAS given  
PAIN meds For STAFF infection I would like  
To Find out what IS wrong

If additional pages are necessary, please attach to this sheet.



SIGNATURE

DATE SUBMITTED 5-19-09

THIS DOCUMENT MUST BE SENT THROUGH UTAH STATE PRISON MAIL - NO  
POSTAGE NEEDED



UTAH DEPARTMENT  
**UDC**  
OF CORRECTIONS

Division of Institutional Operations

State of Utah

**Thomas E. Patterson**  
Executive Director

**Lowell Clark**  
Division Director

**Robyn Williams**  
Deputy Director – Operations

**Steven Turley**  
Draper Site Warden

**Mike Haddon**  
Deputy Director – Administration

May 7, 2009

Inmate Gary Phillips #18774  
Oquirrh 3 201B  
Utah State Prison  
P.O. Box 250  
Draper, UT 84020

RE: **Level 2 Response**  
Reference: 990871405

Inmate Phillips:

I have reviewed your grievance. You allege although you have complained of a swollen, sore liver medical providers are doing nothing to treat your problem. You request medical treatment.

Your medical records show you have been treated for your complaint with pain medication and diagnostic testing. At this time your hepatitis c is not at a level at which it will respond to drug treatment. You should continue to notify medical staff via the Inmate Care Request system of any changes in your condition.

Your grievance remedy is resolved.

You may appeal the Level 2 decision by following the procedure outlined in FDr  
02/03.04.

Billie Casper, Inmate Grievance Coordinator

Steve Turley, Warden  
Utah State Prison

71405

**INMATE GRIEVANCE FORM**  
( Page 2 )**GF-1**

IF YOU HAVE NOT RESOLVED THE GRIEVANCE AT THE INFORMAL LEVEL AND WISH TO APPEAL TO LEVEL TWO (FORMAL), THE INMATE MUST COMPLETE PAGE 2 AND FORWARD IT THROUGH THE PRISON MAIL SYSTEM TO THE LEVEL ONE DTO WHO SHALL FORWARD IT WITH ALL LEVEL ONE INFORMATION TO THE LEVEL TWO DTO.

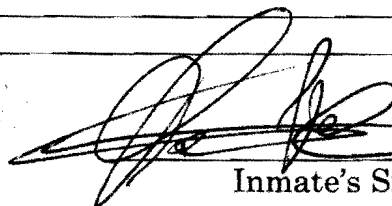
**SECTION 2 -- FORMAL GRIEVANCE ACTION**

To be completed by the inmate:

Why is the Informal Response unacceptable? (Be specific)

IF my Medical Issue WAS addressed why AM I STILL HAVING Swelling OF THE liver AND PAIN IT Seems LIKE The Issue IS BEING ignored I have Been Told THAT There IS something AWrong BUT NOTHING IS BEING Done TO address THIS. So I feel THAT Medical Should Figure OUT WHATS wrong. I ShouldNT have to Keep PUTTING IN for the Same Problem when you Already Know IT EXISTS AND P.A Logan Clark HAS said There IS A Problem

APR 29 2009



Inmate's Signature / Date

4-26-09

UTAH DEPARTMENT OF CORRECTIONS  
BUREAU OF CLINICAL SERVICES  
LEVEL ONE GRIEVANCE  
STAFF RESPONSE

GRIEVANCE NUMBER: 9908-71-405

INMATE NAME & NUMBER: Phillips, Gary #18774

HOUSING: OQ 3 201 B

DATE: April 14, 2009

In your grievance you state that you would like to have issue with your liver resolved. This issue is best addressed via the ICR process. I have reviewed your medical records and see that you have been seen on more than one occasion for this complaint. Your treatment is appropriate. If your symptoms have changed, please submit and ICR to be scheduled with a provider to discuss them. You may appeal this decision through a level 2 grievance per FDR 02/03.02.

Eric DiFrancesco RN

Clinical Staff

Denied

Original:       Returned to Inmate  
Copy:           Level One Grievance file

## INMATE GRIEVANCE FORM

GF-1

INMATE'S NAME GARY Phillips HOUSING 00-3-201-BUSP# 18774 OFFENDER# 42745

## SECTION 1 - INFORMAL ACTION To be completed by inmate:

Specific nature of grievances (who, what, when, where and how): I have Been  
Complaining About my liver IT IS Been Swollen  
And Soar And When I See The Doctors They never  
Do anything To address This Problem I would like To  
have This Issue addressed Im Tired of Being In  
PAIN

Identify those contacted regarding your grievance and state what YOU HAVE DONE to resolve the issue: I have Seen P.A Logan Clark as well as DR Coombs  
but nothing is ever done To address This Issue.

What is the specific remedy you seek? I would like To have This Issue  
Addressed my liver Really hurts.

TX

[Signature] 3-16-09  
 Inmate's Signature / Date  
 bh



exhibit 2

**Patient:** PHILLIPS, GARY  
**Housing:** SP OQU 04 3 01 T  
**Rlse. Date:** N/A  
**Age:** 41

**Offender #:** 42745  
**Security Class:** 1-B  
**Mth. To Rlse.:** N/A  
**Date of Birth:** 1967-05-18

**Allergies:** ☐

**Active DX:** DERMATOPHYTOSIS | BACKACHE, UNSPECIFIED | CONTACT DERMATITIS AND OTHER ECZEMA | HEMOPTYSIS | CELLULITIS AND ABSCESS OF UPPER ARM AND FOREARM | HEADACHE | CHEST PAIN | LUNG INVOLVEMENT IN CONDITIONS CLASSIFIED ELSEWHERE | MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE | INSECT BITE, NONVENOMOUS, OF FINGERS, WITHOUT MENTION OF INFECTION | ATOPIC DERMATITIS AND RELATED CONDITIONS | ACUTE SINUSITIS | ~~DERMATITIS C. WITHOUT MENTION OF HEPATITIS C.212~~ ENCOUNTERS FOR ADMINISTRATIVE PURPOSES | ESSENTIAL HYPERTENSION |

**Individual Order Search Results**

Order Search Criteria: Offender #: 42745, Ordered Date: 06/01/2006 To: 07/31/2008, Type: MEDICATION, Status: both

Order Type	Order Date	Ordered By	Status	Expiration
<b>MEDICATION</b> 227177	01/31/2008	CHRIS ABBOTT, PA	FILLED	
<b>Description:</b> ENALAPRIL TAB 20MG, 1 TABLET D, 01/31/2008 360 DAY(S)				
<b>MEDICATION</b> 227175	01/31/2008	CHRIS ABBOTT, PA	DISCONTINUED	
<b>Description:</b> METFORMIN TAB 500MG, 1 TABLET BID, 01/31/2008 360 DAY(S)				
<b>MEDICATION</b> 227178	07/15/2008	BROOKS R. KEESHIN, MD	FILLED	
<b>Description:</b> CARBAMAZEPIN TAB 200MG, 200 MG BID, 07/16/2008 180 DAY(S) Comments: carbamazepin 200mg po BID				
<b>MEDICATION</b> 268205	07/01/2008	BROOKS R. KEESHIN, MD	FILLED	
<b>Description:</b> CITALOPRAM TAB 20MG, 60 MG AM, 07/02/2008 360 DAY(S) Comments: Celexa 60 mg po qam				
<b>MEDICATION</b> 268207	07/01/2008	BROOKS R. KEESHIN, MD	DISCONTINUED	
<b>Description:</b> CARBAMAZEPIN TAB 200MG, 200 MG AM, 07/02/2008 180 DAY(S) Comments: Carbamazepin 200mg po qam				
<b>MEDICATION</b> 266480	06/25/2008	JOSEPH COOMBS, PA	EXPIRED	
<b>Description:</b> IBUPROFEN TAB 800MG, 1 TABLET TID, 06/26/2008 45 DAY(S)				
<b>MEDICATION</b> 255300	05/13/2008	KENNON TUBBS, MD	FILLED	
<b>Description:</b> ASPIR LOW TAB 81MG EC, 1 TABLET D, 05/14/2008 360 DAY(S) Comments: take one tablet every day				
<b>MEDICATION</b> 253463	05/07/2008	JOSEPH COOMBS, PA	EXPIRED	
<b>Description:</b> TRIAMCINOLON CRE 0.1%, 1 UNIT BID, 05/08/2008 45 DAY(S) Comments: lg amount				
<b>MEDICATION</b> 247170	04/15/2008	LOGAN S. CLARK, PA	EXPIRED	
<b>Description:</b> IBUPROFEN TAB 800MG, 1 TABLET BID, 04/16/2008 90 DAY(S)				
<b>MEDICATION</b> 246232	04/11/2008	SIDNEY G ROBERTS, MD	EXPIRED	



Quest  
Diagnostics®

18774  
USP

PATIENT INFORMATION  
**PHILLIPS, GARY**

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 303.899.6000

DOB: 05/18/1967 Age: 41  
GENDER: M

ORDERING PHYSICIAN  
**LOGAN CLARK**

CLIENT INFORMATION  
28409  
UTAH STATE PRISON  
DR.  
P O BOX 250  
DRAPER, UT 84020

SPECIMEN INFORMATION

SPECIMEN: 0901SL017857  
REQUISITION: 284090034736  
LAB REF NO:

ID: 42745

COLLECTED: 01/30/2009 00:00  
RECEIVED: 01/30/2009 15:00  
REPORTED: 02/02/2009 12:08

COMMENTS: EOI=[28409-284090034736-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC	6.5		3.8-10.8 THOUS/MCL	
RBC	5.0		4.20-5.80 MILL/MCL	
HEMOGLOBIN	16.3		13.4-18.0 GM/DL	
HEMATOCRIT	46.0		40.0-54.0 %	
MCV	90.6		80.0-100.0 FL	
MCH	32.1		27.0-33.0 PG	
MCHC	35.4		32.0-36.0 GM/DL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	298		140-400 THOUS/MCL	
MPV	8.1		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	3660		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1918		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	520		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	299		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	104		0-200 CELLS/MCL	
NEUTROPHILS	56.3		%	
LYMPHOCYTES	29.5		%	
MONOCYTES	8.0		%	
EOSINOPHILS	4.6		%	
BASOPHILS	1.6		%	

H. PYLORI AB, IGG POSITIVE H NEGATIVE DE

H. PYLORI SEROLOGY TESTING MEASURES ANTIBODIES TO H. PYLORI AND IS NOT RECOMMENDED FOR THE DIAGNOSIS OF ACTIVE INFECTION. THE AMERICAN COLLEGE OF GASTROENTEROLOGY AND THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION RECOMMEND EITHER THE UREA BREATH (TEST CODE #14839X) OR THE FECAL ANTIGEN TEST (TEST CODE #34838X) FOR DIAGNOSIS AND CONFIRMATION OF ERADICATION IN CASES OF SUSPECTED OR PROVEN HELICOBACTER PYLORI INFECTION.

COMP METABOLIC PANEL W/EGFR

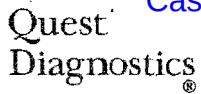
SL

<b>GLUCOSE</b>	<b>102 H</b>	<b>FASTING: 65-99 MG/DL</b>
UREA NITROGEN, SERUM	17	7-25 MG/DL
CREATININE, SERUM	1.02	0.50-1.30 MG/DL
EGFR	>60	>59 ML/MIN/1.73M2
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21		
BUN/CREATININE RATIO	16.7	6-22 RATIO
SODIUM, SERUM	142	135-146 MMOL/L
POTASSIUM, SERUM	4.6	3.5-5.3 MMOL/L
CHLORIDE, SERUM	107	98-110 MMOL/L

PHILLIPS, GARY - 0901SL017857

Page 1 - Continued on Page 2





REPORT STATUS **Final**

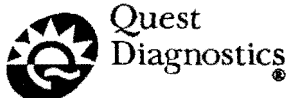
ORDERING PHYSICIAN

LOGAN CLARK

18774050

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR (Continued)				
CARBON DIOXIDE	25		18-31 MMOL/L	
CALCIUM, SERUM	9.5		8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM	7.1		6.2-8.3 G/DL	
ALBUMIN, SERUM	4.5		3.6-5.1 G/DL	
GLOBULIN	2.6		2.1-3.7 G/DL	
A/G RATIO	1.7		1.0-2.1 RATIO	
BILIRUBIN, TOTAL	0.7		0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	56		40-115 U/L	
			10-40 U/L	
			9-60 U/L	

DE QUEST DIAGNOSTICS INC. 695 S. BROADWAY DENVER CO 80209  
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120



Quest Diagnostics Incorporated

 PATIENT INFORMATION  
**PHILLIPS, GARY**

 REPORT STATUS **Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967 Age: 41  
 GENDER: M

ORDERING PHYSICIAN

**CLARK**

CLIENT INFORMATION

28409

UTAH STATE PRISON

DR.

P O BOX 250

DRAPER, UT 84020

## SPECIMEN INFORMATION

SPECIMEN: 0902SL014803

REQUISITION: 0902SL014803

LAB REF NO:

 COLLECTED: 02/24/2009 07:12  
 RECEIVED: 02/24/2009 16:00  
 REPORTED: 02/24/2009 20:02

 18774  
 USP

COMMENTS: 42745

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR				
GLUCOSE	92		FASTING: 65-99 MG/DL	SL
UREA NITROGEN, SERUM	19		7-25 MG/DL	
CREATININE, SERUM	0.98		0.50-1.30 MG/DL	
EGFR	>60		>59 ML/MIN/1.73M2	
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21				
BUN/CREATININE RATIO	19.4		6-22 RATIO	
SODIUM, SERUM	142		135-146 MMOL/L	
POTASSIUM, SERUM	4.5		3.5-5.3 MMOL/L	
CHLORIDE, SERUM	109		98-110 MMOL/L	
CARBON DIOXIDE	23		18-31 MMOL/L	
CALCIUM, SERUM	9.0		8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM	6.7		6.2-8.3 G/DL	
ALBUMIN, SERUM	4.3		3.6-5.1 G/DL	
GLOBULIN	2.4		2.1-3.7 G/DL	
A/G RATIO	1.8		1.0-2.1 RATIO	
BILIRUBIN, TOTAL	0.4		0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	52		40-115 U/L	
LIPID PANEL W/REFL LDL				
CHOLESTEROL, SERUM	217	H	125-200 MG/DL	SL
TRIGLYCERIDES, SERUM	329	H	<150 MG/DL	SL
HDL CHOLESTEROL	30	L	>=40 MG/DL	SL
LDL	121		SEE BELOW MG/DL	SL
*REFERENCE RANGE FOR LDL				
OPTIMAL <100				
NEAR OPT. 0-129				
CHOL/HDL RATIO	7.2	H	<=5.0 RATIO	SL

## Performing Laboratory Information:

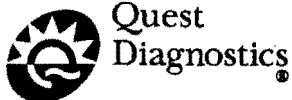
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0902SL014803

Page 1 - End of Report

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Quest Diagnostics Incorporated

PATIENT INFORMATION  
**PHILLIPS, GARY**

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

DOB: 05/18/1967 Age: 41  
 GENDER: M

ORDERING PHYSICIAN  
**ROBERTS SYDNEY**  
 CLIENT INFORMATION  
 28409  
 UTAH STATE PRISON  
 DR.  
 P O BOX 250  
 DRAPER, UT 84020

SPECIMEN INFORMATION  
 SPECIMEN: 0904SL011458  
 REQUISITION: 284090038659  
 LAB REF NO:

ID: 42745

COLLECTED: 04/20/2009 11:03  
 RECEIVED: 04/20/2009 12:49  
 REPORTED: 04/20/2009 13:33

*8774*  
*WSP*

COMMENTS: EOI=[28409-284090038659-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC		17.6 H	3.8-10.8 THOUS/MCL	
RBC	4.59		4.20-5.80 MILL/MCL	
HEMOGLOBIN	14.2		13.4-18.0 GM/DL	
HEMATOCRIT	41.5		40.0-54.0 %	
MCV	90.5		80.0-100.0 FL	
MCH	31.0		27.0-33.0 PG	
MCHC	34.3		32.0-36.0 GM/DL	
RDW	13.1		11.0-15.0 %	
PLATELET COUNT	231		140-400 THOUS/MCL	
MPV	7.6		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS		13816 H	1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1901		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES		1566 H	200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	246		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	70		0-200 CELLS/MCL	
NEUTROPHILS	78.5		%	
LYMPHOCYTES	10.8		%	
MONOCYTES	8.9		%	
EOSINOPHILS	1.4		%	
BASOPHILS	0.4		%	
COMP METABOLIC PANEL W/EGFR				SL
GLUCOSE	90		FASTING: 65-99 MG/DL	
UREA NITROGEN, SERUM	17		7-25 MG/DL	
CREATININE, SERUM	1.22		0.50-1.30 MG/DL	
EGFR	>60		>59 ML/MIN/1.73M2	
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21				
BUN/CREATININE RATIO	13.9		6-22 RATIO	
SODIUM, SERUM	142		135-146 MMOL/L	
POTASSIUM, SERUM	4.4		3.5-5.3 MMOL/L	
CHLORIDE, SERUM	105		98-110 MMOL/L	
CARBON DIOXIDE	23		18-31 MMOL/L	
CALCIUM, SERUM	9.0		8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM	6.7		6.2-8.3 G/DL	
ALBUMIN, SERUM	4.3		3.6-5.1 G/DL	
GLOBULIN	2.4		2.1-3.7 G/DL	
A/G RATIO	1.8		1.0-2.1 RATIO	
BILIRUBIN, TOTAL		1.3 H	0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	66		40-115 U/L	
AST (SGOT)	34		10-40 U/L	
ALT (SGPT)			9-60 U/L	

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PHILLIPS, GARY - 0904SL011458

Page 1 - Continued on Page 2

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Quest  
Diagnostics

Quest Diagnostics Incorporated

PATIENT INFORMATION  
**PHILLIPS, GARY**

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

REPORTED: 04/20/2009 13:33

DOB: 05/18/1967 Age: 41

**ROBERTS SYDNEY**

COLLECTED: 04/20/2009 11:03

GENDER: M

ID: 42745

18774-USP

**Performing Laboratory Information:**

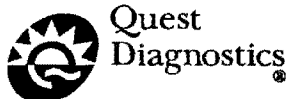
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0904SL011458

Page 2 - End of Report

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967 Age: 41  
 GENDER: M

ORDERING PHYSICIAN

**COOMBS JOE**

CLIENT INFORMATION

28409

UTAH STATE PRISON

DR.

P O BOX 250

DRAPER, UT 84020

**SPECIMEN INFORMATION**

SPECIMEN: 0904SL012533

REQUISITION: 284090038736

LAB REF NO:

COLLECTED: 04/21/2009 10:58

RECEIVED: 04/21/2009 15:10

REPORTED: 04/27/2009 15:05

ID: 42745

 18774  
 us

COMMENTS: EOI=[28409-284090038736-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
-----------	----------	--------------	-----------------	-----

CULTURE, AEROBIC AND ANAEROBIC W/GRAM STAIN

GRAM STAIN SMEAR FINAL

SOURCE OF CULTURE, AEROBIC AND ANAEROBIC W/GRAM STAIN: RT GROIN AREA

RARE WHITE BLOOD CELLS

FEW GRAM POSITIVE COCCI IN PAIRS &amp; CLUSTERS

CULTURE, ROUTINE FINAL

MODERATE GROWTH OF STAPH AUREUS -- CULTURE POSITIVE FOR: METHICILLIN

RESISTANT STAPH AUREUS. THIS RESISTANCE ALSO APPLIES TO NAFICILLIN,

OXACILLIN, CLOXACILLIN AND DICLOXACILLIN.

THIS ISOLATE IS NEGATIVE FOR INDUCIBLE CLINDAMYCIN RESISTANCE.

ANAEROBIC CULTURE FINAL

FINAL REPORT: NO ANAEROBES ISOLATED

THE COLLECTION DEVICE USED DOES NOT PROVIDE AMPLE PRESERVATION OF

FASTIDIOUS ANAEROBIC ORGANISMS. PLEASE SUBMIT ANAEROBIC CULTURES IN GEL

SWABS WHICH ARE AVAILABLE THROUGH CLIENT SUPPLIES.

SENSITIVITY FINAL

SENSITIVITY # 1 S. AUREUS

SUSCEPTIBLE

INTERMEDIATE

RESISTANT

VANCOMYCIN

PENICILLIN

BACTRIM/SEPTRA

OXACILLIN

TETRACYCLINE

ERYTHROMYCIN

MOXIFLOXACIN

CEFAZOLIN

LEVOFLOXACIN

AMPICILLIN/SULBACTAM

GENTAMICIN

CLINDAMYCIN

**COMMENTS:**

THIS IS AN UPDATED REPORT FOR CULTURE, ROUTINE

THIS IS AN UPDATED REPORT FOR ANAEROBIC CULTURE

7051 - CULTURE, ROUTINE CALLED TO STEVE (INFIRMARY) BY SCHEIDS AT 3:50

PM ON 4/24/2009

( VERBAL AND FAXED )

PRIORITY AND/OR STAT RESULT(S) GIVEN TO AND CORRECTLY READ BACK BY

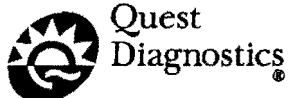
ABOVE CONTACT.

PHILLIPS, GARY - 0904SL012533

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967 Age: 41  
 GENDER: M
**ORDERING PHYSICIAN****COOMBS JOE****CLIENT INFORMATION**
 28409  
 UTAH STATE PRISON  
 DR.  
 P O BOX 250  
 DRAPER, UT 84020
**SPECIMEN INFORMATION**
 SPECIMEN: 0904SL012487  
 REQUISITION: 284090038738  
 LAB REF NO:

ID: 42745

 COLLECTED: 04/21/2009 11:12  
 RECEIVED: 04/21/2009 13:00  
 REPORTED: 04/21/2009 14:37

*18774 VSP*

COMMENTS: EOI=[28409-284090038738-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC		15.8 H	3.8-10.8 THOUS/MCL	
RBC		4.16 L	4.20-5.80 MILL/MCL	
HEMOGLOBIN		12.8 L	13.4-18.0 GM/DL	
HEMATOCRIT		37.6 L	40.0-54.0 %	
MCV	90.3		80.0-100.0 FL	
MCH	30.7		27.0-33.0 PG	
MCHC	34.0		32.0-36.0 GM/DL	
RDW	13.6		11.0-15.0 %	
PLATELET COUNT	221		140-400 THOUS/MCL	
MPV	7.7		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS		11866 H	1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1754		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES		1754 H	200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	379		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	47		0-200 CELLS/MCL	
NEUTROPHILS	75.1		%	
LYMPHOCYTES	11.1		%	
MONOCYTES	11.1		%	
EOSINOPHILS	2.4		%	
BASOPHILS	0.3		%	

**COMMENTS:**

STAT CALLED TO ART A. AT 1412 ON 4-21-09 BY VISHERS

**Performing Laboratory Information:**

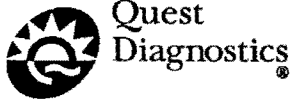
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0904SL012487

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PATIENT INFORMATION  
**PHILLIPS, GARY**

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

DOB: 05/18/1967 Age: 41  
GENDER: M  
ID: 42745

**COOMBS JOE**

REPORTED: 04/27/2009 15:05  
COLLECTED: 04/21/2009 10:58

18774USP

**Performing Laboratory Information:**

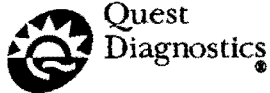
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PHILLIPS, GARY - 0904SL012533

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Quest Diagnostics Incorporated

QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 303.899.6000

SPECIMEN INFORMATION  
SPECIMEN: 0904SL013424  
REQUISITION: 284090038753  
LAB REF NO:

COLLECTED: 04/22/2009 07:18  
RECEIVED: 04/22/2009 10:07  
REPORTED: 04/22/2009 16:23

PATIENT INFORMATION  
**PHILLIPS, GARY**

DOB: 05/18/1967 Age: 41  
GENDER: M

ID: 42745

REPORT STATUS **Final**

ORDERING PHYSICIAN  
**ROBERTS SYDNEY**  
CLIENT INFORMATION  
28409  
UTAH STATE PRISON  
DR.  
P O BOX 250  
DRAPER, UT 84020

18774  
USP

COMMENTS: EOI=[28409-284090038753-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC	10.1		3.8-10.8 THOUS/MCL	
REC	4.25		4.20-5.80 MILL/MCL	
HEMOGLOBIN		13.1 L	13.4-18.0 GM/DL	
HEMATOCRIT		38.4 L	40.0-54.0 %	
MCV	90.3		80.0-100.0 FL	
MCH	30.8		27.0-33.0 PG	
MCHC	34.1		32.0-36.0 GM/DL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	240		140-400 THOUS/MCL	
MPV	7.7		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	6888		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1909		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	848		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	414		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	40		0-200 CELLS/MCL	
NEUTROPHILS	68.2		%	
LYMPHOCYTES	18.9		%	
MONOCYTES	8.4		%	
EOSINOPHILS	4.1		%	
BASOPHILS	0.4		%	
VANCOMYCIN, TROUGH	SEE COMMENTS		5-10 MCG/ML	BN
COMP METABOLIC PANEL W/EGFR				SL
GLUCOSE		118 H	FASTING: 65-99 MG/DL	
UREA NITROGEN, SERUM	13		7-25 MG/DL	
CREATININE, SERUM	1.00		0.50-1.30 MG/DL	
EGFR	>60		>59 ML/MIN/1.73M2	
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21				
BUN/CREATININE RATIO	13.0		6-22 RATIO	
SODIUM, SERUM	140		135-146 MMOL/L	
POTASSIUM, SERUM	4.1		3.5-5.3 MMOL/L	
CHLORIDE, SERUM	105		98-110 MMOL/L	
CARBON DIOXIDE	24		18-31 MMOL/L	
CALCIUM, SERUM		8.1 L	8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM	6.2		6.2-8.3 G/DL	
ALBUMIN, SERUM	3.6		3.6-5.1 G/DL	
GLOBULIN	2.6		2.1-3.7 G/DL	
A/G RATIO	1.4		1.0-2.1 RATIO	
BILIRUBIN, TOTAL	0.4		0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	71		40-115 U/L	
ASP (SGOT)			10-40 U/L	

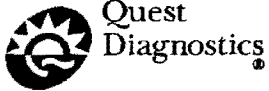
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PHILLIPS, GARY - 0904SL013424

Page 1 - Continued on Page 2

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Quest Diagnostics Incorporated

 PATIENT INFORMATION  
**PHILLIPS, GARY**

 REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

 DOB: 05/18/1967 Age: 41  
 GENDER: M  
 ID: 42745
**ROBERTS SYDNEY**
 REPORTED: 04/22/2009 16:23  
 COLLECTED: 04/22/2009 07:18

18774 USP

Test Name	In Range	Out of Range	Reference Range	Lab
-----------	----------	--------------	-----------------	-----

COMP METABOLIC PANEL W/SGR (Continued)

ALT (SGPT)

9-60 U/L

## COMMENTS:

 RESULTS CALLED AND FAXED TO WADE 1037 GILCHRIC  
 REPORT WILL BE MAILED VALENZUM

## Performing Laboratory Information:

 BN JORDAN VALLEY HOSPITAL 3580 W. 9000 S. WEST JORDAN UT 84088  
 SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0904SL013424

Page 2 - End of Report

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967 Age: 41  
 GENDER: M

 ORDERING PHYSICIAN  
**CLARK LOGAN S.**  
 CLIENT INFORMATION  
 28409  
 UTAH STATE PRISON  
 DR.  
 P O BOX 250  
 DRAPER, UT 84020

 SPECIMEN INFORMATION  
 SPECIMEN: 0904SL014364  
 REQUISITION: 284090038840  
 LAB REF NO:

ID: 42745

 COLLECTED: 04/23/2009 14:44  
 RECEIVED: 04/23/2009 15:25  
 REPORTED: 04/23/2009 16:16

 18774  
 USF

COMMENTS: EOI=[28409-284090038840-42745-28409-]

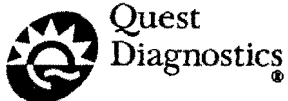
Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC	7.3		3.8-10.8 THOUS/MCL	
RBC		4.17 L	4.20-5.80 MILL/MCL	
HEMOGLOBIN		12.9 L	13.4-18.0 GM/DL	
HEMATOCRIT		37.5 L	40.0-54.0 %	
MCV	90.1		80.0-100.0 FL	
MCH	31.1		27.0-33.0 PG	
MCHC	34.5		32.0-36.0 GM/DL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	300		140-400 THOUS/MCL	
MPV		7.2 L	7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	4511		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1759		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	584		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	387		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	58		0-200 CELLS/MCL	
NEUTROPHILS	61.8		%	
LYMPHOCYTES	24.1		%	
MONOCYTES	8.0		%	
EOSINOPHILS	5.3		%	
BASOPHILS	0.8		%	
COMP METABOLIC PANEL W/EGFR				SL
GLUCOSE	96		FASTING: 65-99 MG/DL	
UREA NITROGEN, SERUM	13		7-25 MG/DL	
CREATININE, SERUM	1.19		0.50-1.30 MG/DL	
EGFR	>60		>59 ML/MIN/1.73M2	
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21				
BUN/CREATININE RATIO	10.9		6-22 RATIO	
SODIUM, SERUM	141		135-146 MMOL/L	
POTASSIUM, SERUM	4.5		3.5-5.3 MMOL/L	
CHLORIDE, SERUM	107		98-110 MMOL/L	
CARBON DIOXIDE	23		18-31 MMOL/L	
CALCIUM, SERUM		8.3 L	8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM	6.2		6.2-8.3 G/DL	
ALBUMIN, SERUM	3.9		3.6-5.1 G/DL	
GLOBULIN	2.3		2.1-3.7 G/DL	
A/G RATIO	1.7		1.0-2.1 RATIO	
BILIRUBIN, TOTAL	0.4		0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	67		40-115 U/L	
AST (SGOT)		82 H	10-40 U/L	

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PHILLIPS, GARY - 0904SL014364

Page 1 - Continued on Page 2

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Quest Diagnostics Incorporated

PATIENT INFORMATION  
**PHILLIPS, GARY**REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

REPORTED: 04/23/2009 16:16  
COLLECTED: 04/23/2009 14:44DOB: 05/18/1967 Age: 41  
GENDER: M  
ID: 42745**CLARK LOGAN S.**

18774-118

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR (Continued)				
ALT (SGPT)			9-60 U/L	

COMMENTS:  
RESULTS CALLED AND FAXED TO ART 1402 GILCHRIC

## Performing Laboratory Information:

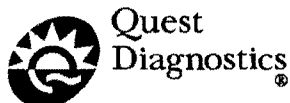
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0904SL014364

Page 2 - End of Report

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967 Age: 41  
 GENDER: M

**ORDERING PHYSICIAN**  
**ROBERTS SYDNEY**
**CLIENT INFORMATION**  
 28409  
 UTAH STATE PRISON  
 DR.  
 P O BOX 250  
 DRAPER, UT 84020

**SPECIMEN INFORMATION**  
 SPECIMEN: 0904SL014994  
 REQUISITION: 284090038846  
 LAB REF NO:

ID: 42745

 18774  
 US

 COLLECTED: 04/24/2009 06:45  
 RECEIVED: 04/24/2009 08:20  
 REPORTED: 04/27/2009 14:34

**COMMENTS:** EOI=[28409-284090038846-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				SL
WBC	6.1		3.8-10.8 THOUS/MCL	
RBC		4.05 L	4.20-5.80 MILL/MCL	
HEMOGLOBIN		12.6 L	13.4-18.0 GM/DL	
HEMATOCRIT		36.3 L	40.0-54.0 %	
MCV	89.6		80.0-100.0 FL	
MCH	31.2		27.0-33.0 PG	
MCHC	34.8		32.0-36.0 GM/DL	
RDW	13.2		11.0-15.0 %	
PLATELET COUNT	272		140-400 THOUS/MCL	
MPV		6.9 L	7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	3599		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1385		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	647		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	421		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	49		0-200 CELLS/MCL	
NEUTROPHILS	59.0		%	
LYMPHOCYTES	22.7		%	
MONOCYTES	10.6		%	
EOSINOPHILS	6.9		%	
BASOPHILS	0.8		%	
VANCOMYCIN, TROUGH	SEE COMMENTS		5-10 MCG/ML	BN
COMP METABOLIC PANEL W/EGFR				SL
GLUCOSE	82		FASTING: 65-99 MG/DL	
UREA NITROGEN, SERUM	14		7-25 MG/DL	
CREATININE, SERUM	1.08		0.50-1.30 MG/DL	
EGFR	>60		>59 ML/MIN/1.73M2	
FOR AFRICAN AMERICAN PATIENTS, MULTIPLY THE EGFR BY 1.21				
BUN/CREATININE RATIO	13.0		6-22 RATIO	
SODIUM, SERUM	139		135-146 MMOL/L	
POTASSIUM, SERUM	4.2		3.5-5.3 MMOL/L	
CHLORIDE, SERUM	107		98-110 MMOL/L	
CARBON DIOXIDE	26		18-31 MMOL/L	
CALCIUM, SERUM		7.9 L	8.6-10.4 MG/DL	
PROTEIN, TOTAL SERUM		5.6 L	6.2-8.3 G/DL	
ALBUMIN, SERUM		3.3 L	3.6-5.1 G/DL	
GLOBULIN	2.3		2.1-3.7 G/DL	
A/G RATIO	1.4		1.0-2.1 RATIO	
BILIRUBIN, TOTAL	0.3		0.2-1.2 MG/DL	
ALKALINE PHOSPHATASE	62		40-115 U/L	
AST (SGOT)			10-40 U/L	

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PHILLIPS, GARY - 0904SL014994

Page 1 - Continued on Page 2

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Quest Diagnostics Incorporated

PATIENT INFORMATION  
**PHILLIPS, GARY**REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

DOB: 05/18/1967 Age: 41  
GENDER: M  
ID: 42745ORDERING PHYSICIAN  
**ROBERTS SYDNEY**REPORTED: 04/27/2009 14:34  
COLLECTED: 04/24/2009 06:45

18774-68

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR (Continued)				
ALT (SGPT)		127 H	9-60 U/L	

COMMENTS:  
REPORT WILL BE MAILED VALENZUM

## Performing Laboratory Information:

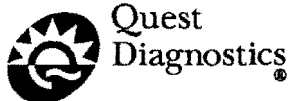
BN JORDAN VALLEY HOSPITAL 3580 W. 9000 S. WEST JORDAN UT 84088  
SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0904SL014994

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS**    **Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967    Age: 41  
 GENDER: M

ORDERING PHYSICIAN

**CLARK**

CLIENT INFORMATION

28409

UTAH STATE PRISON

DR.

P O BOX 250

DRAPER, UT 84020

## SPECIMEN INFORMATION

 SPECIMEN: 0905SL005556  
 REQUISITION: 0905SL005556  
 LAB REF NO:

PHONE: 8015767290

 COLLECTED: 05/11/2009    00:00  
 RECEIVED: 05/11/2009    15:15  
 REPORTED: 05/12/2009    16:31

18774-USP

 COMMENTS: PT. PHONE: 8015767290  
 42745

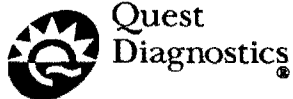
Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INC. DIFF/PLT)				BN
WBC	SEE COMMENTS		3.8-10.8 THOUS/MCL	
RBC	SEE COMMENTS		4.20-5.80 MILL/MCL	
HEMOGLOBIN	SEE COMMENTS		13.4-18.0 GM/DL	
HEMATOCRIT	SEE COMMENTS		40.0-54.0 %	
MCV	SEE COMMENTS		80.0-100.0 FL	
MCH	SEE COMMENTS		27.0-33.0 PG	
MCHC	SEE COMMENTS		32.0-36.0 GM/DL	
RDW	SEE COMMENTS		11.0-15.0 %	
PLATELET COUNT	SEE COMMENTS		140-400 THOUS/MCL	
MPV	SEE COMMENTS		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	SEE COMMENTS		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	SEE COMMENTS		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	SEE COMMENTS		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	SEE COMMENTS		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	SEE COMMENTS		0-200 CELLS/MCL	
NEUTROPHILS	SEE COMMENTS		%	
LYMPHOCYTES	SEE COMMENTS		%	
MONOCYTES	SEE COMMENTS		%	
EOSINOPHILS	SEE COMMENTS		%	
BASOPHILS	SEE COMMENTS		%	
COMP METABOLIC PANEL W/EGFR				
GLUCOSE	SEE COMMENTS		FASTING: 65-99 MG/DL	BN
UREA NITROGEN, SERUM	SEE COMMENTS		7-25 MG/DL	BN
CREATININE, SERUM	SEE COMMENTS		0.50-1.30 MG/DL	BN
EGFR			>59 ML/MIN/1.73M2	SL
BUN/CREATININE RATIO	SEE COMMENTS		6-22 RATIO	BN
SODIUM, SERUM	SEE COMMENTS		135-146 MMOL/L	BN
POTASSIUM, SERUM	SEE COMMENTS		3.5-5.3 MMOL/L	BN
CHLORIDE, SERUM	SEE COMMENTS		98-110 MMOL/L	BN
CARBON DIOXIDE	SEE COMMENTS		18-31 MMOL/L	BN
CALCIUM, SERUM	SEE COMMENTS		8.6-10.4 MG/DL	BN
PROTEIN, TOTAL SERUM	SEE COMMENTS		6.2-8.3 G/DL	BN
ALBUMIN, SERUM	SEE COMMENTS		3.6-5.1 G/DL	BN
GLOBULIN	SEE COMMENTS		2.1-3.7 G/DL	BN
CALCULATION COULD NOT BE PERFORMED. ONE OR MORE COMPONENTS OUTSIDE OF THE REPORTING RANGE.				
A/G RATIO	SEE COMMENTS		1.0-2.1 RATIO	BN
CALCULATION COULD NOT BE PERFORMED. ONE OR MORE COMPONENTS OUTSIDE OF THE REPORTING RANGE.				
BILIRUBIN, TOTAL	SEE COMMENTS		0.2-1.2 MG/DL	BN

PHILLIPS, GARY - 0905SL005556

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Quest Diagnostics Incorporated

 PATIENT INFORMATION  
**PHILLIPS, GARY**

 REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

 DOB: 05/18/1967 Age: 41  
 GENDER: M

ORDERING PHYSICIAN

**CLARK**

REPORTED: 05/12/2009 16:31

COLLECTED: 05/11/2009 00:00

18774-10P

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR (Continued)				
ALKALINE PHOSPHATASE	SEE COMMENTS		40-115 U/L	BN
AST (SGOT)	SEE COMMENTS		10-40 U/L	BN
ALT (SGPT)	SEE COMMENTS		5-50 U/L	BN

## COMMENTS:

REPORT WILL BE MAILED VALENZUM

## Performing Laboratory Information:

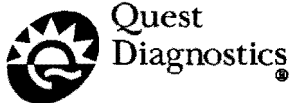
 BN JORDAN VALLEY HOSPITAL 3580 W. 9000 S. WEST JORDAN UT 84088  
 SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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PHILLIPS, GARY - 0905SL005556

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Quest Diagnostics Incorporated

 PATIENT INFORMATION  
**PHILLIPS, GARY**

 REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

 DOB: 05/18/1967 Age: 41  
 GENDER: M

 ORDERING PHYSICIAN  
**CLARK**

 REPORTED: 05/12/2009 16:31  
 COLLECTED: 05/11/2009 00:00

18774-15P

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METABOLIC PANEL W/EGFR (Continued)				
ALKALINE PHOSPHATASE	SEE COMMENTS		40-115 U/L	BN
ALT (ASAT)	SEE COMMENTS		10-40 U/L	BN
ALP (ALP)	SEE COMMENTS		3-60 U/L	BN

 COMMENTS:  
 REPORT WILL BE MAILED VALENZUM

 -----  
**Performing Laboratory Information:**

 BN JORDAN VALLEY HOSPITAL 3580 W. 9000 S. WEST JORDAN UT 84088  
 SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

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Quest Diagnostics Incorporated

**PATIENT INFORMATION**  
**PHILLIPS, GARY**
**REPORT STATUS**    **Final**

 QUEST DIAGNOSTICS INCORPORATED  
 CLIENT SERVICE 303.899.6000

 DOB: 05/18/1967    Age: 42  
 GENDER: M

**ORDERING PHYSICIAN**  
**DRAPER, RANDALL**
**SPECIMEN INFORMATION**  
 SPECIMEN: 0906SL017657  
 REQUISITION: 284090041685  
 LAB REF NO:

ID: 42745

**CLIENT INFORMATION**  
 28409  
 UTAH STATE PRISON  
 DR.  
 P O BOX 250  
 DRAPER, UT 84020

 COLLECTED: 06/29/2009    00:00  
 RECEIVED: 06/29/2009    15:40  
 REPORTED: 06/30/2009    06:45

*18774  
USP*
**COMMENTS:**    EOI=[28409-284090041685-42745-28409-]

Test Name	In Range	Out of Range	Reference Range	Lab
CARBAMAZEPINE, TOTAL	6.4		SEE BELOW MCG/ML	DE
*REFERENCE RANGE FOR CARBAMAZEPINE, TOTAL THERAPEUTIC RANGE: 4.0-12.0				
CBC (INC. DIFF/PLT)				SL
WBC	5.6		3.8-10.8 THOUS/MCL	
RBC	4.82		4.20-5.80 MILL/MCL	
HEMOGLOBIN	15.5		13.4-18.0 GM/DL	
HEMATOCRIT	43.3		40.0-54.0 %	
MCV	89.9		80.0-100.0 FL	
MCH	32.2		27.0-33.0 PG	
MCHC	35.8		32.0-36.0 GM/DL	
RDW	13.6		11.0-15.0 %	
PLATELET COUNT	393		140-400 THOUS/MCL	
MPV	11.3		7.5-11.5 FL	
ABSOLUTE NEUTROPHILS	2705		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	2206		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	392		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	252		0-500 CELLS/MCL	
ABSOLUTE BASOPHILS	45		0-200 CELLS/MCL	
NEUTROPHILS	48.3		%	
LYMPHOCYTES	39.4		%	
MONOCYTES	7.0		%	
EOSINOPHILS	4.5		%	
BASOPHILS	0.8		%	
T-4/TSH				
T-4, TOTAL	6.3		4.5-12.5 MCG/DL	DE
TSH, 3RD GENERATION			0.40-4.50 MIU/L	DE

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**Performing Laboratory Information:**

 DE QUEST DIAGNOSTICS INC. 695 S. BROADWAY DENVER CO 80209  
 SL QUEST DIAGNOSTICS INC. 3489 WEST 2100 SOUTH SUITE 200 SALT LAKE CITY UT 84120

PHILLIPS, GARY - 0906SL017657

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DIVISION OF INSTITUTIONAL OPERATIONS

CLINICAL SERVICES

M E M O R A N D U M

**TO:** Inmate Gary Phillips USP #18774 Off #42745  
Oquirrh 3 201B

**FROM:** Dr. Garden - *W* Clinical Services

**DATE:** June 10, 2009

**SUBJECT:** YOUR LETTER OF 6/8/09

---

Review of your medical chart indicates you are receiving appropriate medical care. From my brief review, it does not look like you would be a candidate for the treatment you are requesting. However, if you wish to discuss that further please submit an ICR and do so in a medical appointment.

DIVISION OF INSTITUTIONAL OPERATIONS

CLINICAL SERVICES

M E M O R A N D U M

**TO:** Inmate Gary Phillips USP 3774 Off #42745  
Oquirrh 3 201B

**FROM:** Dr. Gardner - Clinical Services

**DATE:** March 24, 2009

**SUBJECT:** YOUR LETTER OF 3/22/09

---

Review of your medical chart indicates you were seen today by a medical provider and appropriate recommendations were documented. It also indicates your issues were addressed. If you have further questions or concerns, please submit an ICR.

Exhibit 4

DIVISION OF INSTITUTIONAL OPERATIONS

CLINICAL SERVICES

M E M O R A N D U M

**TO:** Inmate Gary Phillips USP #18774 Off #42745  
Oquirrh 3 201B

**FROM:** Dr. Garden - Clinical Services

**DATE:** February 3, 2009

**SUBJECT:** YOUR LETTER OF 1/29/09

---

Review of your medical chart indicates appropriate treatment recommendations have been documented and that you do not fit our criteria for treatment at this time. If you wish to discuss that further, please submit an ICR and discuss it in a medical appointment.

exhibit 3

## HEPATITIC C Clinical Protocols

Before an inmate will be reviewed in clinic, a Pre-evaluation will be completed  
Including:

1. Hepatitis panel with a Riba confirmation of Hepatitis C.
2. Liver function tests:
  - a. After initial diagnosis
  - b. Six (6) month results
  - c. Twelve (12) month results
  - d. Remain elevated 1 ½ to 2 times higher than normal values
  - e. Drug free for one year
3. The inmate parole date will be identified. To be treated the inmate needs to remain at the U.S.P. for 12 months or more from the time treatment is started.
4. A psychological evaluation is to be completed.
5. Complete lab work including:
  - a. CBC
  - b. Liver function test (within 90 days of review for clinic) PT, INR
  - c. TSH
  - d. Iron – TIBC

exhibit 3

PRIVATE

UTAH STATE PRISON  
CLINICAL SERVICES

DATE: 11/24/08

- ☐ Clearance Request
- ☐ HCR Information Request
- ☐ Laboratory Test
- ☐ Medication Refill Request

☒ Other Review for Interferon

Comments: You do not meet the criteria for  
this program due to  
1- low elevation of liver function tests does  
not meet our criteria  
2- Depression on 2 M.H. meds. this  
is not considered stable for this medication  
which causes depression

- ☐ Within Normal Limits
- ☐ Please submit a Health Care Request to be seen by a Provider for a follow-up visit.

SIGNATURE: 

PRIVATE

INMATE: Gary Phillips  
USP#: 42745  
HOUSING: 005- H03

## Appointment Search


☐ Requested ☐ Scheduled ☒ Missed ☒ Completed ☐ Canceled

Date Range From: 06/01/2006 To 07/31/2008

Offender #: 42745

Service: ...

Clinic: ...

Staff: ...

Urgency: ...

Location: ...

Search

Clear

Patient	Offender #	Housing	Clinic	Staff	Reason	Earliest Appt Date	Scheduled Appt Date	Status
PHILLIPS, GARY LYNN	42745	SP OQU 04 3 01 T		LOGAN S. CLARK, PA	INMATE CARE REQUEST (ICR)	05/19/2008	05/23/2008 10:00	COMPLETED

## Comments:

## Linked ICR Comments:

**MEDICAL VISIT REQUEST :** my lower back is hurting i got degenerative disc i have mri results to prove it  
 my lower back is hurting i got degenerative disc i have mri results to prove it

CLOSED

PHILLIPS, GARY LYNN	42745	SP OQU 04 3 01 T		SIDNEY G ROBERTS, MD	SCHEDULED		05/21/2008 10:00	MISSED
---------------------	-------	---------------------	--	----------------------	-----------	--	------------------	--------

Comments: WOULD LIKE TO KNOW THE RESULTS OF MY LAB WORK ON MY LIVER CAUSE IT STILL HURTS. I WOULD LIKE TO KNOW THE RESULTS OF MY LAB WORK ON MY LIVER CAUSE IT STILL HURTS.

PHILLIPS, GARY LYNN	42745	SP OQU 04 3 01 T		NANCY HOWARD, RN	SCHEDULED		05/13/2008 10:00	COMPLETED
---------------------	-------	---------------------	--	------------------	-----------	--	------------------	-----------

## Comments:

PHILLIPS, GARY LYNN	42745	SP OQU 04 3 01 T		JOSEPH COOMBS, PA	INMATE CARE REQUEST (ICR)	04/28/2008	05/07/2008 13:00	COMPLETED
---------------------	-------	---------------------	--	-------------------	---------------------------	------------	------------------	-----------

## Comments:

## Linked ICR Comments:

**MEDICAL VISIT REQUEST :** the left of my face still hurts there is double vision in the left eye. and the pain on the left side of face is sausing me headaches  
 the left of my face still hurts there is double vision in the left eye. and the pain on the left side of face is sausing me headaches

CLOSED

PHILLIPS, GARY LYNN	42745	SP OQU 04 3 01 T		LOGAN S. CLARK, PA	INMATE CARE REQUEST (ICR)	04/21/2008	04/28/2008 14:00	COMPLETED
---------------------	-------	---------------------	--	--------------------	---------------------------	------------	------------------	-----------

## Comments:



1560 Mayflower Avenue  
Bronx, New York 10461  
718-892-8697 Fax 718-918-0527  
www.lola-national.org

## HEPATITIS C

### What is Hepatitis C?

Hepatitis C is an inflammation of the liver that results from infection with the hepatitis C virus. The Hepatitis C virus was also known as Non-A Non-B virus, and it was identified in 1989. The following year an antibody test became available to help identify exposure to the Hepatitis C virus (HCV). In the US there are an estimated 4.5 million people who have been infected with HCV.

Hepatitis C can be either "acute" or "chronic". Acute hepatitis occurs within the first 6 months after exposure. During this period between 15% - 35% of people who were exposed to this virus will be able to clear the virus through an immune body response. However, up to 85% of people will progress to chronic infection, which means the body was unable to eliminate the virus within that 6 month period.

Chronic hepatitis C is a serious disease that can result in long-term health problems, or even death. It is the number one reason for liver transplants in the United States.

Within HCV there are different genotypes (strains of the virus). The most common genotypes are 1, 2, 3, & 4. In the US the most common one is genotype 1 and it is also the hardest to treat with an approximately treatment success rate of 50%. Genotypes 2 & 3 can be found in America and in Europe. They have a success rate of approximately 85%. Genotype 4 is more commonly found in Egypt, Africa and the Middle East and it is also very hard to treat with a similar, although slightly better response rate than genotype 1. The importance of learning your Hepatitis C genotype is crucial in determining a recommended treatment plan.

### How Do I know if I have Hepatitis?

Generally, persons infected with HCV are identified because they are found to have elevated liver enzymes on a routine examination or because antibodies to this virus were found at time of blood donation. HCV can go undiagnosed for up to 30 years, as symptoms are often absent.

A more specific test for anti-HCV became available in 1992, which helped eliminate some of the problems caused by the false positive tests. In addition, because of the lack of HCV testing prior to this date, many who received blood transfusions were infected with HCV. Elevated liver enzymes and a positive antibody test for HCV may indicate



that a person has chronic HCV. A small number of patients may still show false positive antibody results. In these cases, liver enzymes levels are typically normal.

The formation of antibodies in response to the virus, which is associated with immunity in other forms of viral infections, does not apply in the case of hepatitis C infection. This simply indicates that the person has been exposed to the virus. A viral load test (PCR) must be done to confirm the presence of the virus.

### **Can I Infect Others With This Virus?**

The hepatitis C virus is transmitted through blood to blood contact. The risk factors include:

- Received a blood, blood product transfusion or organ transplant prior to 1992
- Use/Used Intravenous Drug Use
- Use/Used Intranasal Cocaine
- Have HIV/AIDS
- Have ever been on hemodialysis
- Have/had unprotected sex with multiple partners
- Occupational exposure to blood (needle stick)
- Shared personal items such as toothbrushes/razors
- Have tattoos/Body Piercing
- Served Time in Jail
- Are a Vietnam Veteran
- Born to a Mother with HCV

The Center for Disease Control (CDC) informs that those with only one long-term sexual partner do not need to change their sexual practices. However, the CDC also advises that there is an increased of infection with HCV if a person has multiple partners and if the partners is also infected with HIV. In these cases CDC recommends the use of latex condoms although it is uncertain if is 100% effective in prevention infection.

### **Is there Treatment for Hepatitis C?**

Currently, the treatment approved by the Food and Drug Administration (FDA) is a combination of injectable pegylated interferon once weekly along with an oral daily antiviral drug called ribavirin. Treatment has a percentage of effectiveness of approximately 48-50% for patients with genotype 1 and approximately 83% for those with genotype 2 or 3. The individual dosages of these medications along with the duration of the therapy must be determined by you physician.

### **What About Side Effects?**

Most people on antiviral therapy experience some side effects. Common side effects include: flu-like symptoms, fatigue, headache, decreased appetite, anemia, and psychiatric events most often depression and anxiety. The flu-like symptoms can be helped by taking acetaminophen (Tylenol), taking the interferon at bed time and drinking plenty of fluids. Your doctor will keep a close watch on your blood tests to make sure that your white cells (infection fighters), platelets (blood clotters) and hemoglobin are at

good levels. Women and men who may be planning to have children should consult with their doctor before beginning therapy. It is important that you communicate to your doctor any side effects you might be experiencing as he/she can help treat them, thus increasing your adherence to therapy.

Future and ongoing studies show promise for more highly effective treatments against the Hepatitis C Virus.

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Revised by:  
Dr. Melissa Palmer  
Hepatologist

a series of fact sheets written  
by experts in the field of liver  
disease

# *An Overview of HCV Diagnostic Tests*

Alan Franciscus, Editor-in-Chief

*A variety of different tests are used to  
diagnose hepatitis C. These include:*

- HCV Antibody test
- HCV viral load test or HCV RNA Test
- HCV genotype test
- Liver biopsy

## *HCV Antibody Tests*

When a person is exposed to HCV, the immune system produces antibodies against the virus. It usually takes the immune system a few weeks to develop enough antibodies to be detected by an antibody test, but it could take as long as six months. There are three commercial antibody tests used to detect HCV antibodies – HCV EIA, HCV ELISA and HCV RIBA. The most common HCV antibody test is the HCV ELISA. The HCV RIBA test may be used to test for HCV antibodies, but it is generally only used to confirm a positive result from an HCV ELISA in a person with no known risk factors or in people with an existing autoimmune disease. Once people are exposed to hepatitis C, they will retain HCV antibodies for life even if the body is able to eliminate the hepatitis C virus from the body either naturally or with medical treatment. It is important to note that HCV antibodies do not protect people from infection or re-infection of hepatitis C.

*An HCV antibody tests requires a blood sample.*

## *HCV RNA (Viral Load) Tests*

A viral load test measures the amount of HCV RNA (genetic material) in the blood. This test is used to confirm active

HCV infection and can also help predict whether treatment is likely to be effective, and show whether HCV medications are working. There are two types of viral load tests – qualitative (measures the presence of the virus) and quantitative (measures the amount of virus). Medical studies have not found any correlation between viral load and disease progression. In other words, the amount of HCV RNA in the blood does not mean a person will be healthier or sicker.

In the past, viral load tests that measured the amount of the hepatitis C virus were reported in copies. Now, viral load tests are reported in international units in an attempt to standardize measurement between different brands of tests. Viral load test results expressed as low (under 800,000 IU/mL) or high (over 800,000 IU/mL). There is evidence that the current cut-off between low and high viral load may be set too high. The newer studies have shown that people with a viral load under 400,00 IU/mL respond better than those who have a viral load above 400,000 IU/mL.

*A viral load test requires a blood sample.*

## *Genotype Test*

There are several strains of hepatitis C, called genotypes. These strains are very similar but have enough genetic differences to classify them into six major genotypes: 1, 2, 3, 4, 5, and 6. Additionally, a genotype may be further classified into subtypes, such as genotype 1a, 1b, etc., Genotype 1 is the most common genotype (70-75%) in the United States, followed by genotypes 2 and 3 (25-30%). Genotype information is important when considering HCV treatment because it can help predict treatment response. For example, treatment with pegylated interferon plus ribavirin is predicted to work approximately 50% of the time for people with genotype 1 and about 70- to 90% of the time for people with genotypes 2 or 3.

A genotype test is generally given to someone who is considering HCV medical treatment and is only performed once since a person's genotype remains the same throughout the course of the disease unless they become re-infected with another genotype.

*A genotype test requires a blood sample.*

## *Liver Biopsy*

Liver biopsies are used to measure the extent of liver damage, including the degree of inflammation, the extent of fibrosis (thickening) and the general health of the liver. The most



## Glossary of Terms

**ANTIBODY (IMMUNOGLOBULIN):** a protein produced by plasma cells (a type of immune system white blood cell) when they encounter foreign invaders. Specific antibodies bind to specific invaders, or antigens, and target them for destruction. The presence of antibodies indicates current infection with or past exposure to a pathogen.

**ANTIBODY POSITIVE (SEROPOSITIVE):** the presence in the blood of antibodies against a specific pathogen such as HCV.

**ANTIBODY TEST:** an assay that detects the presence of antibodies in a blood sample; ELISA and RIBA tests are used to detect HCV antibodies.

**BRANCHED-CHAIN DNA ASSAY (bDNA):** a test that measures the amount of virus (viral load) in plasma or tissues using a chemical signal emitted by viral genetic material.

**ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA, ELISA II):** a laboratory test used to detect the presence of antibodies in the blood.

**GENETIC MATERIAL:** deoxyribonucleic acid (DNA) and ribonucleic acid (RNA), the molecules that carry hereditary information.

**HCV RNA:** the genetic material of the hepatitis C virus. A detectable level of HCV RNA on a viral load test indicates that HCV is actively replicating.

**POLYMERASE CHAIN REACTION (PCR):** a highly sensitive test that uses an amplification technique to detect small amounts of genetic material (DNA or RNA) in a blood or tissue sample.

**RIBONUCLEIC ACID (RNA):** a single-stranded nucleic acid that encodes genetic information. RNA is made up of sequences of four building blocks: adenine, cytosine, guanine, and uracil. The presence of viral RNA in the blood indicates that a virus is actively replicating.

**WINDOW PERIOD:** the time between exposure to a microorganism and the production of sufficient antibodies to be detected on a test.

common type of liver biopsy is the percutaneous biopsy (through the skin). An ultra sound test might be performed before the procedure to locate the area where the needle is inserted and to look for any abnormalities. A medical professional will use a local anesthetic to numb the skin and muscle where the needle will be inserted. A tiny piece of the liver is drawn out through the needle.

The actual procedure to extract the liver specimen only takes a few seconds. After the procedure patients will be required to lay on their right side (where the needle was inserted) for a few hours so that they can be monitored. About 50% of people experience mild to moderate pain. Complications from a liver biopsy rarely occur (1-2% of procedures). If necessary, people can ask their medical professional for a mild tranquilizer before a biopsy and for pain medication after the procedure.

The liver biopsy is generally only performed once, but it may be performed every 5-7 years to gauge disease progression. Because the rate of disease progression is faster in someone who is co-infected with HIV and hepatitis C, a liver biopsy is generally recommended every 3-5 years for this population.

There is a lot of research into various blood tests or markers to replace the liver biopsy, but currently the liver biopsy is the best diagnostic tool for gauging the health of the liver.

**For more information about hepatitis C, hepatitis B and HCV coinfections, please visit [www.hcvadvocate.org](http://www.hcvadvocate.org).**

## • hcspFACTsheet •

A publication of the Hepatitis C Support Project

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The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

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